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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.

Relief Masters LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 28 2012

EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

RELIEF MASTERS LLC

ARTICLE II ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

4690 PORTOFINO WAY #308
WEST PALM BEACH, FL 33409

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

PAUL PATRICK DECAMARA JR
4690 PORTOFINO WAY #308
WEST PALM BEACH, FL 33409

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

x 
PAUL PATRICK DECAMARA JR / Registered Agent's signature

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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PAGE 2 RELIEF MASTERS LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

PAUL PATRICK DECAMARA JR

4690 PORTOFINO WAY #308

WEST PALM BEACH, FL 33409

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TALLAHASSEE, FLORIDA

.....
X



Signature of a member or an authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the
execution of this document constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.

PAUL PATRICK DECAMARA JR

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